

2024 BCAT Scholarship Application

(Please Type/Print)

NAME of APPLICANT	DATE
HOME ADDRESS	
CITY	ZIPPHONE
HIGH SCHOOL	CITY
NAME of BCAT Member (Print):	
E-MAIL	G.P.A
CLASS RANK out of	ACT / SAT
* APPLICANT MUST INCLUDE YOUR 7t	h SEMESTER or 11th TRIMESTER TRANSCRIPT WITH THIS FORM*
<u>Please Note</u> : Applicant must provide recoinformation for verification.	rds of community service and honors received with contact
BRIEFLY EXPLAIN YOUR CAREER PLANS	S: (You May Attach any further details as needed)

ACADEMIC HONORS: (Attach verification from school)
EXTRA-CURRICULAR SCHOOL & COMMUNITY SERVICE ACTIVITIES: (Please attach verification)
APPLICANT SIGNATURE
BCAT MEMBER SIGNATURE
PARENT SIGNATURE:
Please Mail to: BCAT
P.O.Box 6306

Sparta, Tn. 38583